This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/470276

Total Fee Calculation

| rotar ree Calculation | | | | | | |
|--------------------------|-----------------|-------------------|-----------------|------------|---------------------------------------|---------------------------------------|
| | Fcc Cade | Total # Claims | Number Extra | X Fee | Fee | = Total |
| j e | Sm./Lg. | | | Sm. Entity | Lg. Entiry | • • • |
| Basic Filing Fee | (04/101)-·· | 20 | 10 | | 740.00 | - 160.00 |
| Total Claims >20 | 200407 | 37 -20 - | 17 > | · | 18.00 | 34200 |
| Independent Claims >3 | 200102 | | <u>8</u> ; | | 78.00 | 624.00 |
| Mult, Dep Claim Present | 204/104 | | | | | |
| Surcharge | 295/105 | , | | | 26000 | - 26000 |
| English Translation | 139 . | | | | | |
| TOTAL FEE CALCUL. | ATION | | | | | 2116.00 |
| Fees due upon filing t | he application: | | | | | |
| Total Filing Fees Due | = \$ | 2/116 | 00. | | • | |
| Less Filing Fees Subn | nitted - \$ | | | | | • |
| BALANCE DUE | =\$ | 2,116 | (00) | | • • • • • • • • • • • • • • • • • • • | · · · · · · · · · · · · · · · · · · · |
| Office of Initial Payent | Examination | \bigcirc | | | | |

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)